MULTIPLE DEI DENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) CLAIMS AFTER AFTER

1st AMENDMENT 2nd AMENDMENT

IND. DEP. IND. DEP. AS FILED IND. DEP. IND. DEP. DEP. IND. 54\_ (14) .79 39/ لاف (13) TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL CLAIMS TOTAL 4/3 \*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS POTENT and Tradomore Office PTO-1360 (3-78)